



State of Rhode Island and Providence Plantations  
**DEPARTMENT OF EDUCATION**  
Shepard Building  
255 Westminster Street  
Providence, Rhode Island 02903-3400

Deborah A. Gist  
Commissioner

Dear Sir or Madam:

In order to process your request for a copy of your GED record, you will need to provide a readable copy of a valid Government issued **picture identification** and a money order for each transcript in the amount of \$5.00, make payable to the General Treasurer State of RI.

**Personal checks will NOT be accepted.**

Valid picture identification can include the following:

- Driver's license or state issued identification
- Passport
- Military ID
- Certificate of Naturalization
- Alien Registration Card

Please return your request, valid identification (copy), and payment to:

RI Department of Education  
255 Westminster Street  
GED Testing Program Room 400  
Providence, RI 02903

**Telephone** (401)222-4600    **Fax** (401)222-6178    **TTY** 800-745-5555    **Voice** 800-745-6575

The Board of Regents does not discriminate on the basis of age, color, sex,  
sexual orientation, race, religion, national origin, or disability

RHODE ISLAND GED RELEASE FORM

**CIRCLE ONE OR BOTH**

**\*\* GED TRANSCRIPT**

**\*\* GED DUPLICATE DIPLOMA**

**\*\* \$5.00 for each copy**

***PLEASE PRINT ALL INFORMATION***

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME AT THE TIME OF TESTING \_\_\_\_\_

YEAR TESTED \_\_\_\_\_ \*DATE DIPLOMA ISSUED \_\_\_\_\_

Where did you take the official GED test: \_\_\_\_\_

DID YOU RECEIVE A RHODE ISLAND EQUIVALENCY DIPLOMA? YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE NOTE: YOUR REQUEST WILL NOT BE PROCESSED UNLESS THE  
REQUIRED DOCUMENTS ARE ENCLOSED.**

**See attached letter.**

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

\*IF YOUR RECORD **CANNOT** BE LOCATED WITH THE INFORMATION ABOVE, YOUR REQUEST AND Money Order  
WILL BE RETURNED.

I authorize you to release the information to:

\_\_\_\_\_ Mail to my home address-see above

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**\*\*A \$5.00** money order for each transcript or duplicate diploma should be made payable to: General  
Treasurer, State of Rhode Island

**PERSONAL CHECKS WILL NOT BE ACCEPTED.**

RHODE ISLAND DEPARTMENT OF EDUCATION

SHEPARD BUILDING

HIGH SCHOOL EQUIVALENCY PROGRAM-**ROOM 400**

255 WESTMINSTER STREET

PROVIDENCE, RI 02903-3400

**For office use only**

Type of identification provided

**DO NOT WRITE BELOW THIS LINE**

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RECEIPT # \_\_\_\_\_

DATE MAILED: \_\_\_\_\_

Date t/s - dup diploma was picked-up on \_\_\_\_\_